

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: January 3, 2007

Signature: [Signature]

(Kevin M. Kadun)

Docket No.: SPINE 3.0-395 CONT
(PATENT)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Markworth et al.

Application No.: 10/655,440

Filed: September 4, 2003

For: SYSTEM FOR USE IN SPINAL
STABILIZATION

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: Group Art Unit: 3733
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: Examiner: M. Hoffman
:
:
:

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Dear Sir:

In response to the Official Action mailed
October 10, 2006, Applicants submit the following amendments and
remarks.

01/09/2007 YPOLITE1 00000010 121095 10655440

01 FC:1202

100.00 DA

02 FC:1201

400.00 DA



ITW/s

AMENDMENT TRANSMITTAL LETTER

Docket No.
SPINE 3.0-395 CONT

Application No.
10/655,440-Conf. #6452

Filing Date
September 4, 2003

Examiner
M. Hoffman

Art Unit
3733

Applicant(s): Aaron Markworth and Yves Crozet

Invention: SYSTEM FOR USE IN SPINAL STABILIZATION

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	25	- 23 =	2	x 50.00	100.00
Independent Claims	5	- 3 =	2	x 200.00	400.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					500.00

☒ Large Entity

☐ Small Entity

☐ No additional fee is required for this amendment.

☒ Please charge Deposit Account No. 12-1095 in the amount of \$ 500.00

A duplicate copy of this sheet is enclosed.

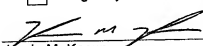
☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 12-1095 as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


Kevin M. Kocun
Attorney/Agent Reg. No.: 54,230

Dated: January 3, 2007

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